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TO RUEHC/SECSTATE WASHDC 4328  
RUEHPH/CDC ATLANTA GA  
INFO RUEAUSA/DEPT OF HHS WASHINGTON DC  
RUEHRC/USDA FAS WASHDC  
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RUEHZS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS  
RHMMUNA/HQ USPACOM HONOLULU HI  
RHMMUNA/CDR USPACOM HONOLULU HI//J07/CATMED/CAT//  
RUEHBK/AMEMBASSY BANGKOK 7865  
RUEHBD/AMEMBASSY BANDAR SERI BEGAWAN 0377  
RUEHBY/AMEMBASSY CANBERRA 0656  
RUEHFR/AMEMBASSY PARIS 0999  
RUEHGV/USMISSION GENEVA 7554

UNCLAS SECTION 01 OF 03 JAKARTA 001053

SIPDIS

SENSITIVE  
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DEPT FOR EAP/MTS, G/AIAG AND OES  
USAID FOR ANE/CLEMENTS AND GH/CARROLL  
DEPT ALSO PASS TO HHS/WSTEIGER/ABHAT/MSTLOUIS AND HHS/NIH  
GENEVA FOR WHO/HOHMAN

E.O. 12958: N/A

TAGS: [TBIO](#) [AMED](#) [CASC](#) [EAGR](#) [AMGT](#) [PGOV](#) [ID](#)  
SUBJECT: INDONESIA - AVIAN INFLUENZA SAMPLE SHARING UPDATE

REF: A) Jakarta 00933      B) Jakarta 00310

C) 4/5/07 Hohman Update e-mail

¶1. (SBU) Summary: Despite Health Minister Fadilah Supari's March 28 pledge to immediately begin sharing avian influenza (AI) samples, and similar pledges following World Health Organization (WHO) Director General Margaret Chan's April 4 Jakarta visit, the Government of Indonesia (GOI) has not yet resumed sharing AI samples. GOI statements on the issue have vacillated between assurances that Indonesia will resume sharing samples immediately to inflammatory op-ed pieces in newspapers. NIH RD Director Dr. Triono Soendoro and his deputy, Dr. Endang Sedyani, will lead the GOI delegations to upcoming meetings on sample sharing and vaccine policy in Geneva, making any resumption of sample sharing unlikely until the two return to Jakarta in late April. A WHO Assessment team from Tokyo will visit the National Institute of Health (NIH RD) and the Eijkman Institute on April 23 to assess their qualifications for appointment as a WHO Collaborating Center for H5N1. The inability of international laboratories to confirm MOH-diagnosed AI cases has led to a gap between the GOI's confirmed case count (94 AI cases with 74 deaths), counts at NAMRU-2 (83 AI cases, with 64 deaths) and WHO (81 cases with 63 deaths). End Summary.

Sample Sharing: Gap Between GOI Rhetoric and Action

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¶2. (SBU) Following World Health Organization (WHO) Director General Margaret Chan's meetings of April 4 with President Susilo Bambang Yudhoyono, Health Minister Supari and Foreign Minister Hassan Wirjuda, Supari announced again that the GOI would resume immediate sending of samples. Various Indonesian press covered the Chan visit and carried different accounts of when the sharing would take place. One newspaper quoted Supari as indicating samples will be shared immediately, while another noted "We will resume the sending of virus sample for the sake of global interests. The delivery will take place this year, within two months from now at the latest." NIH RD Director Dr. Triono Soendoro also told an Embassy employee the week of April 9 that the MOH would resume sample sharing with NAMRU-2.

¶3. (SBU) However, just a week after the Chan visit, Supari authored

a highly nationalistic op-ed in the Indonesian daily KOMPAS entitled "Bird Flu and Nation's Sovereignty." According to an Embassy translation, Supari writes "...The debate over the H5N1 virus between WHO and Indonesia demonstrates that, as long as an independent nation still depends on other nation(s), that nation is still subjugated...Indonesia, together with other developing nations, has just established a front to confront WHO, which always sides with rich countries in dealing with matters pertaining to public health, including bird flu... Exploitations carried out by industrial countries against poor developing countries are nothing new...Indonesia has had the courage to take a stance, albeit 'only' in the field of health...One thing worth noting; from the bird flu virus we realize that a sovereign nation is capable of upholding human dignity even though there is a long road ahead."

¶4. (U) The op-ed also implies that NAMRU-2 improperly obtained AI samples. It reads "Since 2005, Indonesia had been sending samples to WHO laboratories because laboratories in Indonesia were considered not yet meeting requirements. Health agencies from other countries also tried to take Indonesian specimens either by visiting a victim directly or hospital, e.g. NAMRU2 who later sent the specimens to CDC Atlanta." (Note: This is false. NAMRU-2 has obtained NIH RD permission to ship all samples, and has records on file to prove it.)

¶5. (U) Indonesian press ran numerous articles on Chan's visit. The Jakarta Post reported that Chan said the global vaccine reserve would be of great importance for developing countries in their fight against avian influenza, noting "We will look at how to develop global stockpiles of vaccines, particularly for developing countries." Chan said the WHO would gather resources from developed countries, donors as well as large drug-makers to make the plan work. Press also quoted Chan as having emphasized that the global fight against bird flu required the full cooperation of developing

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countries, an obligation that will be enshrined in a new global regulation. "The sharing of information on the virus is a requirement for all countries under an international health regulation which will come into effect June 15."

NIHRD Conducts Data Review of Indonesian Samples

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¶6. (SBU) According to Ref C, NIH RD Director Dr. Triono Soendoro has requested a review of institutes that have requested viruses from Indonesia, and the data generated from analysis of these viruses. (Note: On multiple occasions, NAMRU-2 and the CDC have provided multiple senior officials at MOH (including Dr. Triono and Director General for the Center for Communicable Diseases Nyoman Kandun) electronic and hard copies summarizing findings. The CDC has also given the MOH disks containing complete sequencing information on at least two occasions, including in January 2007.)

GOI Plans for Upcoming WHO Meetings and Visits

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¶7. (SBU) Dr. Endang Sedyani, Deputy Director of National Institute of Health Research and Development (NIHRD) told us April 10 that both Endang and Triono will participate in sample sharing discussions in Geneva from April 18-20. Endang will first accompany Minister Supari to bilateral meetings in Madrid before heading to Geneva. Although Triono will return to Jakarta on April 21, Endang will stay on to participate in the April 23-25 vaccine policy meetings. Endang also stated that NIH RD is preparing for the April 23 visit of Dr. Masato Tashiro, Director of the WHO Collaborating Center in Tokyo. Dr. Tashiro will evaluate the qualifications of the NIH RD and the Eijkman Institute to become a WHO Collaborating Center for the diagnosis of H5N1.

NIHRD Claims NAMRU-2 Steals Their Thunder

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¶8. (SBU) Endang explained that NIH RD researchers want peer respect in the international research community. One of the sensitivities that NIH RD has felt with NAMRU-2 is the fact that international

researchers visiting Indonesia contact NAMRU-2 researchers first for their views, she said. In a separate meeting on April 3, Endang told us that NIH RD would likely seek to take over NAMRU's flu surveillance network and analyze all samples at the NIH RD, confining NAMRU-2 to projects specifically directed to "research." (Note: "Surveillance" is a charged word in Indonesia because of its intelligence gathering connotations.) When asked how NIH RD will pay for the costs of maintaining the network, Endang replied that NIH RD would likely use CDC funding. We explained that research sponsors usually direct funds to activities related to ongoing research projects, and that unlike development assistance, sponsors generally consider research funding as an investment in future joint research.

Endang seemed surprised by this point. (Note: Despite her comments, Endang did not specify a deadline for taking over NAMRU-2's surveillance system, which continues to operate.)

#### Conflicting AI Counts

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¶10. (SBU) As a result of the sample impasse, Ministry of Health (MOH), NAMRU-2 and WHO now post different confirmed AI case statistics, per Table 1.

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Table 1: Indonesia AI Case Counts (4/13/07)

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Organization	No. Cases	No. Deaths	Fatality Rate
MOH	94	74	78%
NAMRU-2	83	64	77%
WHO (1)	81	63	78%

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(1) WHO figures date from when the MOH still sent samples to WHO Collaborating Centers for confirmation via NAMRU-2.

¶11. (SBU) NAMRU-2 tests suggest that at least two of the GOI positive AI cases were likely not positive for H5N1. Based on laboratory findings and epidemiological and clinical review of data, NAMRU-2 believes two cases from January 2007 (a 15 year-old female from Tangerang and a 30 year-old male from Bandung) did not result from AI. As both patients are alive and well, NAMRU-2 has encouraged NIH RD to seek additional molecular and serologic testing.

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